

**MEDICAL REVIEW BOARD PSYCHIATRIC EXAMINATION**

200 Mero Street, Frankfort KY 40622 PHONE: 502-564-1257 FAX: 502-564-0109

PATIENT NAME: _____ CASE NUMBER: _____
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

1. How long has the applicant been your patient? _____ Date last seen by you: _____
2. History, physical and neurological findings: _____
3. Psychiatric findings: (appearance, affect, mental, thought content, judgment and psychological test results)

4. Diagnosis (Please be as specific as possible): _____

5. Course of disorder, treatment, response, and prognosis: _____

6. Prescribed medications (type, dosage and frequency): _____

7. Circle expected behavior of patient: cooperative, hostile, impulsive, suicidal, aggressive, or passive
8. Which of the following symptoms are present:

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Suicidal Impulses	<input type="checkbox"/> Paranoid Ideation
<input type="checkbox"/> Depression	<input type="checkbox"/> Homicidal Impulses	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Euphoria	<input type="checkbox"/> Delusions	<input type="checkbox"/> Poor Memory
<input type="checkbox"/> Poorly Controlled Anger	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Mental Retardation
<input type="checkbox"/> Bizarre behavior	<input type="checkbox"/> Impairment of Judgment	<input type="checkbox"/> Other (please specify)
9. Type of further psychiatric treatment advised: _____
10. Is this person responsible and how well does he/she comply with physician's orders?

11. In your opinion, would this patient's personality, illness or treatment likely contribute to traffic mishaps?
☐ Yes ☐ No
12. Would you recommend to the Medical Review Board as this patient having the capability to safely operate a motor vehicle?
☐ Yes ☐ No
13. Additional Comments: _____

PHYSICIANS SIGNATURE: _____ DATE: _____

PHYSICIANS NAME AND ADDRESS: _____

PHYSICIANS TELEPHONE NUMBER: _____

Thank you for helping the Medical Review Board makes a recommendation concerning the above individual.